

Montessori School On Edgewood Employment Application

The Montessori School On Edgewood is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans With Disabilities Act.

Receipt of this application does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. Unless this school employs the applicant, this document and accompanying information will be destroyed within one year of the date it is received.

PERSONAL:

Applicant			
	<i>Last Name</i>	<i>First</i>	<i>Middle / Maiden</i>
Address			
	<i>Street</i>	<i>City</i>	<i>State / Zip</i>
Telephone			
	<i>Home</i>	<i>Work</i>	<i>Cell</i>
Email Address		Date of Birth	
Social Security Number			

Are you a citizen of the U.S., or do you have a legal right to be employed in the United States? Yes No

Have you ever been convicted of a crime (excluding minor traffic violations) including DUI? Yes No

If yes, state the offense, location, date and disposition: _____

Note: A conviction will not necessarily disqualify you from employment.

Do you have the ability, with reasonable accommodations, to work overtime or to travel if this is required by the job for which you are applying? Yes No

Are you seeking ___ Full-time ___ Part-time ___ Temporary employment?

Position for which you are applying? _____

Date available to start: _____

Salary Desired: \$ _____

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How did you learn of Montessori School On Edgewood and/or position?

Are you now, or do you expect to be, working in any other business or job?

Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No

EDUCATION:

List: in chronological order (#1 the most recent) all colleges, universities, professional schools, and high school attended (have official transcripts sent). (If necessary attach a sheet of paper.)

	Name and Location	Dates of Attendance	Degree
1.			
2.			
3.			
4.			
Major:		Minor:	

List Montessori Training:

	Name	Location	Dates
1.			
2.			

List State Teaching Credentials and Please have copy sent.

State	Number	License

CAPABILITY / RELIABILITY:

Have you ever filed any type of fraudulent claim against any of your present or past employers? Yes No

If yes, please explain: _____

How many days of work / school have you missed in the last two years? _____

How many times have you been later for work / school in the last two years? _____

Would you be willing and able to report to work on time everyday on a regular and consistent basis? Yes No

WORK HISTORY

List the names of employers in chronological order (#1 the most recent)

1. Name of Company	
Address	
Name of Supervisor	
Telephone	
Employment dates	Month and year from _____ to _____

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2. Name of Company	
Address	
Name of Supervisor	
Telephone	
Employment dates	Month and year from _____ to _____

3. Name of Company	
Address	
Name of Supervisor	
Telephone	
Employment dates	Month and year from _____ to _____

Do Not Reference Your Resume

Are you presently employed? Yes No
 If yes, may we contact your present employer? Yes No
 Have you ever been fired or asked to resign from a job? Yes No
 If yes, please explain : _____

SPECIAL SKILLS

Do you have computer skills? Yes No
 Which computer programs are you familiar with: Word Excel Power Point Wordperfect
 Lotus Access

What languages do you speak fluently? _____

REFERENCES

Give three references, not relatives:

Name	
Title / Occupation	
Address	
Telephone	
Relationship	

Name	
Title / Occupation	
Address	
Telephone	
Relationship	

Name	
Title / Occupation	
Address	
Telephone	
Relationship	

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AFFIDAVIT

I certify that my answers to the forgoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statement made on this application form or during any interview may be grounds for my immediate discharge.

I hereby authorize MSOE to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

(Signature)	(Date)

For MSOE Use only:	
Interview Date	
Interviewed by	
Notes	